

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

AFFILIATE(S)

10/540,715

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	12						53						
4	①⑦						54						
5	①⑩						55						
6	⑨⑪						56						
7	⑨⑩						57						
8	⑨⑪						58						
9	⑨⑩						59						
10	⑨⑪						60						
11	⑥⑪						61						
12	④⑪						62						
13	1						63						
14	1						64						
15							65						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓		↓		↓						
TOTAL DEP.	12		←		←		←						
TOTAL CLAIMS	15												